IN THE UNITED STATES PATENT AND TRADEMARK OFFICE OLIFF & BERRIDGE, PLC Attorney Docket No.: 117081 P.O. Box 19928 Alexandria, Virginia 22320 Date: September 9, 2003 Telephone: (703) 836-6400 Facsimile: (703) 836-2787 MAIL STOP PATENT APPLICATION Customer Number: 25944 NONPROVISIONAL APPLICATION TRANSMITTAL **RULE §1.53(b)** Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir: Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application For (Title): COATING COMPOSITION FOR REINFORCING WOOD OR WOOD JOINT AND WOOD STRUCTURE REINFORCED BY SAME Kunishige MIYOSHI By (Inventors): Formal drawings (Figs. Formal drawings (Figs. ____; ____ sheets) are attail.

Use Figure ____ for front page of Publication. _ sheets) are attached. A Declaration and Power of Attorney is filed herewith. This application claims benefit of Provisional Application No. filed (A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.) This patent application is assigned to FIBER KAKEN CO., LTD. The executed Assignment is filed herewith. An Information Disclosure Statement is filed herewith. Entitlement to small entity status is hereby asserted. A Preliminary Amendment is filed herewith. Priority of foreign application No. ____ filed ____ in ___ is claimed (35 U.S.C. §119) A certified copy of the above corresponding foreign application is filed herewith. _in ___ is claimed (35 U.S.C. §119). This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing. \boxtimes The filing fee is calculated below: CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE OTHER THAN A **SMALL ENTITY SMALL ENTITY**

FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	4 - 20	= 0
INDEP CLAIMS	1 - 3	= 0
MULTIPLE DEPENDENT CLAIMS PRESENTED		

* If the difference is less than zero, enter "0".

RATE FEE <u>OR</u> \$ 375 OR 9 = \$ **OR** 42 = \$ OR + 140 = \$ **OR TOTAL** \$ 375 OR

RATE	FEE
	\$ 750
x 18	\$
x 84	\$
+ 280	\$
TOTAL	\$

Check No. 146038 in the amount of \$375 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

James A. Oliff

Registration No. 27,075

Thomas J. Pardini Registration No. 30,411